

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 370889 (8)**  
1. Corporation Name  
**A.M.I. AIR CONDITIONING AND REFRIGERATION, INC.**



Principal Place of Business: **5891 RODMAN ST. HOLLYWOOD FL 33023**  
Mailing Address: **5891 RODMAN ST. HOLLYWOOD FL 33023-1839**

3. Date Incorporated or Qualified: **10/07/1970**  
3a. Date of Last Report: **02/07/1996**  
4. FEI Number: **59-1301281**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. State, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent  
**LOPES, RAYMOND P. PD  
5891 RODMAN STREET  
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent  
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPES, RAYMOND</b>	
STREET ADDRESS	<del>3326 ROOSEVELT ST</del>	
CITY - ST - ZIP	<del>HOLLYWOOD, FL 33000</del>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPES, CARMEN</b>	
STREET ADDRESS	<del>3326 ROOSEVELT ST</del>	
CITY - ST - ZIP	<del>HOLLYWOOD, FL 33000</del>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RENO, ROBERT</b>	
STREET ADDRESS	<b>8618 BRIDLE PATH COURT</b>	
CITY - ST - ZIP	<b>DAVE, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1080 Corkwood Street</b>
14 CITY - ST - ZIP	<b>Hollywood, Fl. 33019</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1080 Corkwood St.</b>
24 CITY - ST - ZIP	<b>Hollywood, Fl. 33019</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: *Carmen Lopez* 1/13/97 370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)